PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new/correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

	3410113.	lock 1 for any change of address)	a) specifying a new/corre	c: A certificate of mailin	a can only be used for	domestic mailings of al
		sock i for any change of addicas)	Fee	te: A certificate of mailing can only be used for domestic mailings of the (s) Transmittal. This certificate cannot be used for any other accompanying ters. Each additional paper, such as an assignment or formal drawing, must be its own configuration.		
	7590 08/02	2/2006	hav	c its own certificate of ma	iling or transmission.	it of format drawing, mu
Robert R. Will IBM Corporatio Dept. 917	liams n		OIPE & I he State addition	Certificat reby certify that this Feet es Postal Service with su ressed to the Mail Stop smitted to the USPTO (52	e of Mailing or Transn (s) Transmittal is being flicient postage for first ISSUE FEE address (71) 273-2885, on the da	deposited with the United class mail in an envelope above, or being facsimi
3605 Highway 5 Rochester, MN			SEP 0 1 2006			(Depositor's name
•		\\ 3				(Signature
		The state of the s	C. C			(Date
APPLICATION NO.	FILING DATE		FIRST LAMED INVENTOR	ATTO	PRNEY DOCKET NO.	CONFIRMATION NO.
10/667,097 09/18/2003			David Arnold Luick	Luick ROC920030200US1 8313		8313
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	11/02/2006
EXAMINER		ART UNIT	CLASS-SUBCLASS			
MCCARTHY, CHRISTOPHER S 2113		2113	714-010000			
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
ASSIGNEE NAME A	ND RESIDENCE DATA	TO BE PRINTED ON T	THE PATENT (print or typ	c)		
(A) NAME OF ASSIG	GNEE		data will appear on the part a substitute for filing an a (B) RESIDENCE: (CITY) RATION, ARMONK	and STATE OR COUNT	(RY) 1409.60	DA
ease check the appropr	iate assignee category or	categories (will not be pr	inted on the patent):	Individual Corporati	ion or other private grou	p entity Governmen
Publication Fee (No small entity discount permitted)			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 09-0465 (enclose an extra copy of this form).			
Change in Entity Stat	tus (from status indicated	l above)	отограушень, и перес	in Account Number 09	-U765(cnclose an	extra copy of this form).
a. Applicant claims	SMALL ENTITY statu	s. Sec 37 CFR 1.27.	b. Applicant is no long	cr claiming SMALL EN	FITY status. See 37 CFI	R 1.27(g)(2).
OTE: The Issue Fee and erest as shown by the r	d Publication Fee (if requeecords of the United State	ired) will not be accepted es Patent and Trademark	from anyone other than the Office.	e applicant; a registered a	attorney or agent; or the	assignee or other party i
Authorized Signature Robert Melle Reque				Date 8/28		
Typed or printed name	Robert R.	Williams		Registration No. 48,395		
nis collection of information. Confident bmitting the completed	ation is required by 37 C iality is governed by 35 application form to the	FR 1.311. The informatio U.S.C. 122 and 37 CFR USPTO. Time will vary	n is required to obtain or re 1.14. This collection is esti depending upon the indivi	etain a benefit by the publ mated to take 12 minutes dual case. Any comment	ic which is to file (and lead to complete, including s on the amount of time	by the USPTO to proces gathering, preparing, are you require to comple

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.